



PTO/SB/82 (01-06)

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Application Number	10/823,542
Filing Date	04-14-04
First Named Inventor	N. Hashimoto
Art Unit	2616
Examiner Name	C. Wellington
Attorney Docket Number	2910-105

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 66458

Please change the correspondence address for the above-identified application to:

The address associated with
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OR

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<u>Noriaki Hashimoto</u>		
Name	Noriaki Hashimoto		
Date	April 17, 2007	Telephone	81-48-280-1600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

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